

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Julie A. Oliver</i> </p>	
<p>1. Article Addressed to:</p> <p>Robert G. Hickes, M.D., P.C.  c/o Robert J. Holdsworth, Jr.  Holdsworth &amp; Feeney, LLP  950 Danby Road, Suite 210  Ithaca, New York 14850</p> <p><i>OSCU 592 S+C</i></p>		<p>B. Received by (Printed Name)  <i>Julie A. Oliver</i></p> <p>C. Date of Delivery  <i>2.6.06</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>7002 3150 0000 3918 4124</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	